

<i>SERFF Tracking Number:</i>	<i>PRUX-G127138622</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Prudential Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>48573</i>
<i>Company Tracking Number:</i>	<i>AR027060100001</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.500 Other</i>
<i>Product Name:</i>	<i>CF: 83500 BEL 10006 (WalMart)</i>		
<i>Project Name/Number:</i>	<i>CF: 83500 BEL 10006 (WalMart)/</i>		

Filing at a Glance

Company: The Prudential Insurance Company of America

Product Name: CF: 83500 BEL 10006
(WalMart)

TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Filing Type: Form

SERFF Tr Num: PRUX-
G127138622

SERFF Status: Closed-Approved-
Closed

Co Tr Num: AR027060100001

Author: SPI Prudential

Date Submitted: 04/25/2011

State: Arkansas

State Tr Num: 48573

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 04/27/2011

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: CF: 83500 BEL 10006 (WalMart)

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 04/27/2011

State Status Changed: 04/27/2011

Created By: SPI Prudential

Corresponding Filing Tracking Number:

Filing Description:

Please see cover letter.

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: SPI Prudential

The following TOI and sub-TOI also apply to this filing:

H03G - Group Health - Accidental Death & Dismemberment

H03G.000 Health - Accidental Death & Dismemberment

Company and Contact

SERFF Tracking Number: PRUX-G127138622 State: Arkansas
 Filing Company: The Prudential Insurance Company of America State Tracking Number: 48573
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 TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
 Product Name: CF: 83500 BEL 10006 (WalMart)
 Project Name/Number: CF: 83500 BEL 10006 (WalMart)/

Filing Contact Information

Lois Shafman, Regulatory Contract Specialist lois.shafman@prudential.com
 80 Livingston Avenue 973-548-6477 [Phone]
 Roseland, NJ 07068 973-548-6480 [FAX]

Filing Company Information

The Prudential Insurance Company of America CoCode: 68241 State of Domicile: New Jersey
 80 Livingston Avenue Group Code: 304 Company Type: Life and Health
 Roseland, NJ 07068 Group Name: State ID Number:
 (973) 548-6479 ext. [Phone] FEIN Number: 22-1211670

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Prudential Insurance Company of America	\$50.00	04/25/2011	46919587

SERFF Tracking Number:	PRUX-G127138622	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/27/2011	04/27/2011

SERFF Tracking Number: *PRUX-G127138622* *State:* *Arkansas*
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Disposition

Disposition Date: 04/27/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PRUX-G127138622</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Prudential Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>48573</i>
<i>Company Tracking Number:</i>	<i>AR027060100001</i>		
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Cover Letter		Yes
Form	Who is Eligible to Become Insured		Yes

SERFF Tracking Number: PRUX-G127138622 State: Arkansas

Filing Company: The Prudential Insurance Company of America State Tracking Number: 48573

Company Tracking Number: AR027060100001

TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other

Product Name: CF: 83500 BEL 10006 (WalMart)

Project Name/Number: CF: 83500 BEL 10006 (WalMart)/

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	83500 BEL 10006	Certificate	Who is Eligible to Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.000	83500 BEL 10006.PDF

Who is Eligible to Become [Insured]

FOR [MEMBER] INSURANCE

You are eligible to become insured for [Member] Insurance while:

1

- [You are a Member of the ABC Association; and
- You are in a Covered Class; and
- You are not on active duty in the armed forces of any country; and
- You are under age <50-75>.]

2

[Your class] is determined by the Contract Holder. This will be done under its rules, on dates it sets. The Contract Holder must not discriminate among persons in like situations. You cannot belong to more than one class for insurance on each basis, Contributory or Non-contributory Insurance, under a Coverage. "Class" means Covered Class, Benefit Class or anything related to membership in the ABC Association, which affects the insurance available.]

The rules for obtaining [Member] Insurance are in the When You Become Insured section.

3

[FOR DEPENDENTS INSURANCE

You are eligible to become insured for Dependents Insurance while:

- You are eligible for Member Insurance; and
- You have a Qualified Dependent; and
- You are insured for the Level Premium Term Life Coverage for Members under the Group Contract.

Qualified Dependents:

These are the persons for whom you may obtain Dependents Insurance:

3a

- Your spouse or Domestic Partner under age <50 – 75>.
Your Domestic Partner is a person of the same or opposite sex who:
 - (a) you report in an affidavit of domestic partnership satisfactory to Prudential; and
 - (b) is an unmarried adult over the age of 18; and
 - (c) has lived with you for at least 6 consecutive months prior to the person's enrollment in the Program; and
 - (d) has a serious and committed relationship with you; and
 - (e) is not legally married nor a Domestic Partner to anyone else; and
 - (f) is financially interdependent with you; and
 - (g) is not otherwise a Qualified Dependent under the Program.

Either a spouse or a Domestic Partner may be a Qualified Dependent under the Program at any one time, but not at the same time.

3b

- For Dependents Term Life Coverage, your unmarried children <live birth – 6 months> to <18 – 29> years old.
- For accident Coverage, your unmarried children from live birth to <18 – 29> years old.

Your children include your legally adopted children, children placed with you for adoption prior to legal adoption, and each of your stepchildren, Domestic Partner's children, and foster children who depends on you for support and maintenance. A child placed with you for adoption prior to legal adoption is considered your Qualified Dependent from the date of placement for adoption, and is treated as though the child were your newborn child born to you.

Your children also include your natural children, whose death occurs before expulsion, extraction or delivery, and:

- (1) Whose fetal weight is 350 grams or more; or
- (2) If the fetal weight is unknown, whose duration in utero was 20 or more complete weeks of gestation, calculated from the date the last normal menstrual period began to the date of the expulsion, extraction or delivery.

Exceptions:

3c

For Dependents Term Life Coverage:

- (1) The age <18 – 29> limit does not apply to a child who:
 - (a) wholly depends on you for support and maintenance;
 - (b) is enrolled as a full-time student in a school; and
 - (c) is less than the Student Age Limit.

Student Age Limit: <19 – 29>.

3d

- (2) Your spouse, Domestic Partner, or child is not your Qualified Dependent while:
 - (a) on active duty in the armed forces of any country; or
 - (b) insured under the Group Contract as a Member for the life coverage; or
 - (c) the spouse, Domestic Partner, or child has protection under any Member Term Life Coverage of the Group Contract after the spouse's, Domestic Partner's, or child's insurance under that Coverage ends.

3c

For accident Coverage:

- (1) The age <18 – 29> limit does not apply to a child who:
 - (a) wholly depends on you for support and maintenance;
 - (b) is enrolled as a full-time student in a school; and
 - (c) is less than the Student Age Limit.

Student Age Limit: <19 – 29>.

3e

(2) Your spouse, Domestic Partner, or child is not your Qualified Dependent while:

- (a) on active duty in the armed forces of any country; or
- (b) insured under the Group Contract as a Member.

3f

A child will not be considered the Qualified Dependent of more than one Member. If this would otherwise be the case, the child will be considered the Qualified Dependent of the Member named in a written agreement of all such Members filed with the Contract Holder. If there is no written agreement, the child will be considered the Qualified Dependent of:

- (1) the Member who became insured under the Group Contract with respect to the child, while the child was a Qualified Dependent of only that Member; and otherwise
- (2) the Member who has the longest length of Membership with the Association, based on the Association's records.

The rules for obtaining Dependents Insurance are in the When You Become Insured section.]

When You Become [Insured]

FOR [MEMBER INSURANCE]

4

[Your Member Insurance under a Coverage will begin the first day on which:

- You have enrolled, if the Coverage is Contributory; and
- You are eligible for Member Insurance; and
- You are in a Covered Class for that insurance; and
- You have met any evidence requirement for Member Insurance; and
- Your insurance is not being delayed under the Delay of Effective Date Section below; and
- That Coverage is part of the Group Contract.

4a

For Contributory Insurance, you must enroll on a form approved by Prudential and agree to pay the required Premium payments. You may enroll for Contributory Insurance within <31 –120> days of when you could first be covered, or within <31 – 120> days of a Life Event. The Contract Holder will tell you whether Premium payments are required and the amount of any Premium payment when you enroll.

At any time, the benefits for which you are insured are those for your class, unless otherwise stated.

The "Definitions" section explains what "Life Event" means.

4b

When evidence is required: In any of these situations, you must give evidence of insurability. This requirement will be met when Prudential decides the evidence is satisfactory.

- (1) For Contributory Insurance, you enroll more than <31 – 120> days after you could first be covered.
- (2) You enroll after any of your insurance under the Group Contract ends because you did not pay a required Premium payment.
- (3) You wish to become insured for life insurance and have an individual life insurance contract which you obtained by converting your insurance under a Coverage of the Group Contract.
- (4) You have not met a previous evidence requirement to become insured under any Prudential group contract for Members of the Association.]

5

[FOR DEPENDENTS INSURANCE

Your Dependents Insurance under a Coverage for a person will begin the first day on which all of these conditions are met:

- You have enrolled for the person for Dependents Insurance under the Coverage, if the Coverage is Contributory.
- The person is your Qualified Dependent.
- You are in a Covered Class for that insurance.
- You are insured for the Member Insurance, if any, under that Coverage. To be insured for a Qualified Dependent under the Dependents Term Life Coverage, you must be insured under a Member Term Life Coverage of the Group Contract. To be insured for a Qualified Dependent under the accident Coverage, you must be insured for Member Insurance under the optional accident Coverage of the Group Contract, if any.
- For Dependents Term Life Insurance, you have met any evidence requirement for that Qualified Dependent.
- Your insurance for that Qualified Dependent is not being delayed under the Delay of Effective Date section below.
- Dependents Insurance under that Coverage is part of the Group Contract.

5a

For Contributory Insurance, you must enroll on a form approved by Prudential and agree to pay the required Premium payments. You may enroll for Contributory Insurance within <31 – 120> days of when you could first be covered, or within <31 – 120> days of a Life Event. The Contract Holder will tell you whether Premium payments are required and the amount of any contribution when you enroll.

At any time, the Dependents Insurance benefits for which you are insured are those for your class, unless otherwise stated.

The “Definitions” section explains what “Life Events” means.

5b

When evidence is required for Dependents Term Life Insurance: In any of these situations, you must give evidence of insurability for a Qualified Dependent spouse or Domestic Partner. This requirement will be met when Prudential decides the evidence is satisfactory. Evidence is not required for a Qualified Dependent child.

- (1) For Contributory Insurance, you enroll for Dependents Insurance under a Coverage more than <31 – 120> days after you are first eligible for Dependents Insurance.

- (2) You enroll for Dependents Insurance after any insurance under the Group Contract ends because you did not pay a required contribution.
- (3) The Qualified Dependent is a person for whom a previous requirement for evidence of insurability has not been met. The evidence was required for that person to become covered for an insurance, as a dependent or a Member. That insurance is or was under any Prudential group contract for Members of the ABC Association.

While you are insured for Dependents Insurance under a Coverage, the evidence requirement will not apply to a new dependent.

5c

Change in Family Status: It is important that you inform the Contract Holder promptly when you first acquire a Qualified Dependent. You should also inform the Contract Holder if your Dependents Insurance status changes from one to another of these categories:

- No Qualified Dependents.
- Qualified Dependent spouse or domestic partner only.
- Qualified Dependent spouse or domestic partner and children.
- Qualified Dependent children only.

If you are insured under a Coverage for one or more children, you need not report additional children.

Forms are available for reporting these changes.]

6

[Delay of Effective Date

FOR MEMBER INSURANCE

Your Member Insurance under a Coverage will be delayed if you are do not meet the Active Work Requirement on the day your insurance would otherwise begin. Instead it will begin on the first day you meet the Active Work Requirement and the other requirements for the insurance. The same delay rule will apply to any change in your insurance that is subject to this section.

FOR DEPENDENTS TERM LIFE COVERAGE

A Qualified Dependent may be confined for medical care or treatment, at home or elsewhere. If a Qualified Dependent is so confined on the day that your Dependents Insurance under a Coverage for that Qualified Dependent, or any change in that insurance that is subject to this section, would take effect, it will not then take effect. The insurance or change will take effect upon the Qualified Dependent's final medical release from all such confinement. The other requirements for the insurance or change must also be met.

Newborn Child Exception: This section does not apply to a child of yours if the child is born to you and either:

- (1) is your first Qualified Dependent; or
- (2) becomes a Qualified Dependent while you are insured for Dependents Insurance under that Coverage for any other Qualified Dependent.

Also, this section does not apply to any age increase in the amount of insurance for a child under the Dependents Term Life Coverage.]

The Prudential Insurance Company of America

Explanation of Variable Language for

83500 BEL 10006

There are two types of variable material set forth in brackets within this form. These types are:

- A. Illustrative material; and
- B. Specific variable material.

Illustrative material consists of any entries such as names, amounts, times and ages which may be varied to fit an individual case.

Ranges (e.g., of percentages, amounts, times) are shown for some illustrative material and are indicated by arrows on the forms. Actual entries will fall within the ranges, but may be revised as appropriate. For example, “30 days” may be changed to “1 month” or “365 days” may be changed to “1 year”.

The term “you”, “person” or “Member” may be replaced by the term “Employee”, “Participant” or other appropriate term describing a member of the group insured.

The terms “Dependent”, “Spouse”, “Domestic Partner” or “Child” may be deleted or modified to reflect only the applicable dependents. Domestic Partners will not be included where not permitted by State Law.

The terms “Contract Holder”, “Employer”, “Association” or the name of the Contract Holder, Employer or Association may be used interchangeably or may be replaced by “Included Employer”, “Participating Association” or other appropriate terms.

Reference to the term “Contribution” may be replaced by the term “Premium” or “Premium payment”.

The coverage names may be referred to by other appropriate names, such as “Basic”, “Optional”, or “Voluntary” (e.g., Basic Member Term Life Coverage).

The bracketed references will be appropriately modified to reflect grammatical form.

Specific variable material is noted by Marginal Notes. Specific variable material will be changed only as indicated in the Marginal Note explanations shown below. But, illustrative material that appears within specific variable material may be varied as described above.

Marginal Notes

1. This item may be revised to reflect provisions for dependents if a dependents only certificate is to be issued. It may also be revised as follows:

- One or more bullets may be deleted or revised as applicable to a Contract Holder's Plan..
 - Additional bullets may be added for eligibility criteria.
 - The first bullet may be replaced if the certificate is for Employer/Employee groups to specify who is eligible. It may include full-time, full-time and part-time or part-time Employees of the Employer or of a Member of an Association.
 - An additional bullet may be added regarding the Employment Waiting Period. This bullet may be a general reference to the Employment Waiting Period as in the following example or may specify the actual Employment Waiting Period.
 - You have completed the Employment Waiting Period, if any. You may need to work for the Employer for a continuous full-time period before you become eligible for the Coverage. The period must be agreed upon by the Employer and Prudential. Your Employer will inform you of the any such Employment Waiting Period for your class.
 - A new paragraph may be added following the bullets to detail employment requirements. It may include references to full-time, full-time and part-time or part-time only. The wording may read as follows or may show alternate work arrangements or requirements for coverage:
 - You are full-time if you are regularly working for the Employer at least the number of hours in the Employer's normal full-time work week for your class, but not less than 30 hours per week. If you are a partner or proprietor of the Employer, that work must be in the conduct of the Employer's business.
2. This item may also be deleted in whole or in part. The definition of class may be revised to show alternate requirements. It may also be revised as follows:
- A paragraph may be included which details eligibility if you are employed by more than one subsidiary or affiliate of the Contract Holder, or employed by more than one Included Employer, or if you are a Member of more than one Participating Association.
3. This item may be deleted if there is no dependents coverage or it may be revised as follows:
- Alternate eligibility requirements may be shown.
 - The definition of Qualified Dependents may be revised to remove reference to domestic partners, to include only spouse, only child, both spouse, and child, or other dependents.
 - The dependent information may be split up based on coverage types to apply different rules for life and accident coverages.
- 3a. The references to domestic partners may be deleted, or the requirements may be revised to show alternate eligibility requirements. If domestic partners are not permitted in a state, the references will be deleted.

3b. Child eligibility may be revised as follows:

- It may be split based on coverage types or may be the same for all coverages.
- Ages and the rules for who is considered a Qualified Dependent may be revised.
- The paragraphs referencing included children may be included as shown, deleted or revised to show alternate child eligibility.
- If child coverage continues beyond the limiting age an additional line may be added which details the time period.

3c. This item may be included as shown, deleted in whole or in part or revised as follows:

- The reference to a specific coverage may be deleted if the Student Age Limit is the same for all coverages or the name of the coverage may be revised.
- If the student age limit is unlimited, item c and the reference to Student Age Limit will be deleted.
- The ages may change.
- The full-time student requirement may be deleted or revised to show a specific number of credit hours, or part-time, etc.
- The dependency requirement may be deleted or revised to show alternate dependency rules such as residing in the Employee's or Member's home.
- If child coverage continues beyond the limiting age an additional line may be added which details the time period.

3d. This item may be included as shown, deleted in whole or in part or revised as follows:

- The reference to a specific coverage may be deleted or the name of the coverage may be revised.
- The active duty exclusion may be deleted.
- Items (b) or (c) may be deleted if coverage as both an Employee or Member and Dependent is allowed.

3e. This item may be included as shown, deleted in whole or in part or revised as follows:

- The active duty exclusion may be deleted.
- Item (b) may be deleted if coverage as both an Employee or Member and Dependent is allowed.

3f. This item may be deleted in whole or in part. If the certificate is for employee/employer groups, item (2) may be revised as follows:

- (2) the Employee who has the longest continuous service with the Employer, based on the Contract Holder's records.
4. This item may be changed to reflect provisions for dependents if a dependents only certificate is to be issued. It may also be revised as follows:
- The lead in paragraph may be expanded to include the date coverage will start and to indicate that coverage will not begin until enrollment is complete and Prudential approves the application. It may also reference that your Effective Date of Coverage is shown on the Specifications Page.
 - One or more bullets may be deleted in whole or in part.
 - The references to Contributions may be deleted if the Coverage is Non Contributory or all Coverages are Contributory.
 - The evidence requirement may be deleted or revised as follows, to indicate that evidence is required for all insurance.
 - You have met the Evidence Requirement for Member Insurance.
- 4a. This item may be deleted in whole or in part or revised to remove references to Life Events or enrollment wording may be added.
- 4b. This item may be deleted in whole or in part. References to Members of the Association may be changed to Employees of the Employer. This item may also be revised as follows:
- This item may be replaced by one of the following. The wording below may be revised to include a date or a specific Coverage name.

Evidence Requirement: You will be required to provide evidence of insurability. This requirement will be met when Prudential decides the evidence is satisfactory.

Evidence Requirement: You will be required to provide evidence of insurability. This requirement will be met when Prudential decides the evidence is satisfactory.

This requirement does not apply to any amount of Coverage for which you were insured under another group contract providing term life coverage for Members of the ABC Association on the day prior to the Program Date.
 - The references to Contributions may be deleted if the Coverage is Non-Contributory.
 - The case specific limits which determine the need for evidence may be included.
5. This item may be deleted if there is no dependents coverage. It may also be revised as follows:

- The lead in paragraph may be expanded to include the date coverage will start and to indicate that coverage will not begin until enrollment is complete and Prudential approves the application. It may also reference that the Effective Date of Coverage is shown on the Specifications Page
- One or more bullets may be deleted in whole or in part.
- Bullets may be added or revised to include additional eligibility criteria.
- The references to Contributions may be deleted if the Coverage is Non-Contributory.
- If Dependents Term Life Insurance is not included, bullets referring to this coverage will be deleted.
- If Member Coverage is not required for dependents coverage, references to this will be deleted.
- The evidence requirement may be deleted or revised as follows to indicate that evidence is required (Domestic Partner may be added to the wording where permitted by the state):
 - For Dependents Term Life Insurance, you have met the Evidence Requirement for your spouse.

5a. This item may be deleted in whole or in part or revised to remove references to Life Events. Enrollment wording may be added.

5b. This item may be deleted in whole or in part or revised as follows:

- This item may be replaced by one of the following. The wording below may be revised to include a date or a specific Coverage name.

Evidence Requirement: You will be required to provide evidence of insurability. This requirement will be met when Prudential decides the evidence is satisfactory.

Evidence Requirement: You will be required to provide evidence of insurability. This requirement will be met when Prudential decides the evidence is satisfactory.

This requirement does not apply to any amount of Coverage for which you were insured under another group contract providing term life coverage for Members and Dependents of the ABC Association on the day prior to the Program Date.

- The references to Contributions may be deleted if the Coverage is Non-Contributory.
- The case specific limits which determine the need for evidence may be included.

- The sentence regarding evidence for a Qualified Dependent Child may be deleted.

5c. This item may be deleted in whole or in part or categories may be modified.

6. This item may be deleted in whole or in part. It may also be revised to:

- Reflect a delay for increases only.
- Replace the Member wording to include a delay for medical confinement as an alternate or in addition to an active work requirement.
- If there is no child coverage the Newborn Child Exception will be deleted.

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Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item:	Flesch Certification	
Comments:		
Please see Cover Letter.		

	Item Status:	Status
		Date:
Satisfied - Item:	Cover Letter	
Comments:		
Attachment:		
Cover Letter.PDF		



Patricia A. Lloyd
Assistant Secretary

The Prudential Insurance Company of America
80 Livingston Avenue, Roseland, NJ 07068
Tel 973-548-6479 Fax 973-548-6480
pat.lloyd@prudential.com

April 25, 2011

Insurance Commissioner Jay Bradford
Compliance - Life and Health
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Re: 83500 BEL 10006

Dear Commissioner Bradford:

We submit, for filing, the group insurance form listed below. This is a new form and is not intended to replace any previously filed form. The variable material in this form has been indicated by brackets and is subject to change as described in the Explanation of Variable Language.

<u>Form Number</u>	<u>Description</u>
83500 BEL 10006	Who is Eligible to Become Insured

Intended Use. This form may be used with our 83500 series of forms and any other appropriate group insurance forms on file with the Department.

Certification. We certify that, in our judgment, the form in this submission is in compliance with Rule 19 (Unfair Sex Discrimination in the Sale of Insurance), Rule 49 (Life and Health Insurance Guaranty Association Notices), A.C.A. 23-79-138 and Bulletin 11-88 (Policy Information Requirements), and all applicable requirements of the Department.

Readability Certification. We certify that, in our judgment, the form in this submission complies with the requirements of A.C.A. 23-80-201 through 23-80-208, cited as the Life and Accident and Health Insurance Policy Language Simplification Act. This form has been scored separately for the Flesch reading ease test using the computer service to which we subscribe. The test was applied to the entire contract form and the score for the form is 50.

Deemer. We will place this form in use 30 days after the date you receive this filing unless we receive affirmative acknowledgment, disapproval or request for extension.

If there are any questions regarding this filing, please feel free to call Lois Shafman at 973-548-6477 or me at 973-548-6479.

Sincerely,

A handwritten signature in black ink that reads "Patricia A. Lloyd". The script is cursive and fluid, with the first name "Patricia" being more prominent than the last name "Lloyd".

Patricia A. Lloyd
Assistant Secretary